



State of Washington
Office of the Insurance Commissioner
ANTI-FRAUD ANNUAL REPORT
for Year Ending
DECEMBER 31, 20__

* Denotes Required Field for companies in run-off or limited business.

Company Name:

NAIC #:

Does this report include the experience of any affiliates or subsidiaries?

If yes, please list the name and NAIC # for each such company:

I. FRAUD PREVENTION AND DETECTION

A. Please provide a brief commentary about actions taken to prevent and detect internal fraud during this reporting period. (Provide additional sheets if necessary):

B. Please provide a brief commentary about actions taken to prevent and detect external fraud during this reporting period. (Provide additional sheets if necessary):

*C. Are underwriting and claim files maintained under Security?
If yes, please describe briefly (Provide additional sheets if necessary):

*D. Please provide a brief commentary about your measures to secure electronic systems and data.
(Provide additional sheets if necessary)

- E. Please provide a brief commentary about the amount of resources committed to combating fraud during this reporting period. (Provide additional sheets if necessary)

***II. FRAUD INVESTIGATIONS**

Please provide a brief commentary about your investigative staff and/or outside service provider. (Provide additional sheets if necessary)

III. REFERRAL OF FRAUDULENT ACTIVITY TO LAW ENFORCEMENT

Please provide a brief commentary about the type of cases uncovered and prosecuted in this report period. (Provide additional sheets if necessary)

IV. CIVIL ACTION AGAINST FRAUDULENT ACTIVITY

Please provide a brief commentary about the type of cases uncovered and prosecuted in this report period. (Provide additional sheets if necessary)

***V. FRAUD DETECTION TRAINING**

Please provide a brief commentary about monitoring procedures and frequency of departments to ensure procedures are being properly addressed. (Provide additional sheets if necessary)

VI. STATISTICS

Please identify the lines of insurance (e.g. private passenger auto, commercial general liability) for which data are included in this report:

- A. Policy Data
 - 1. # of policies in force at end of year:
 - 2. # of new applications received during year:
 - 3. # of fraudulent applications:
- B. Claim Data
 - 1. # of claims received:
 - 2. # of suspected fraudulent claims:
 - 3. # of fraudulent claims denied:
 - 4. Estimated dollars recovered:
- C. Referrals/Prosecutions
 - 1. Civil actions:
 - 2. Federal law enforcement:
 - 3. State/local law enforcement:
 - 4. Non-insurance professional (Please identify category):
 - 5. Other:
- D. Internal Fraud
 - 1. # of internal fraud cases:
 - 2. Dollars recovered:

***VII. WE WANT TO BE ABLE TO CONTACT YOU**

NOTE: State of Washington Office of the Insurance Commissioner would like to be able to send e-mail to you. Below, please provide a listing of your e-mail addresses for key personnel. Thank you for your cooperation:

<u>Contact Type</u>	<u>Name</u>	<u>Internet E-Mail Address</u>	<u>Phone</u>
General	_____	_____	
Legal	_____	_____	
Rates & Forms	_____	_____	
Fraud	_____	_____	

VIII. CONTACT PERSONNEL

I, _____,
PRINT NAME

PRINT TITLE

certify this report and schedules are true and accurate, to the best of my knowledge. I further attest that any changes to our filed Anti-Fraud Plan have been properly filed with the Office of the Insurance Commissioner.

SIGNATURE

DATE

ADDRESS

CITY

STATE

ZIP CODE

(AREA CODE) TELEPHONE NUMBER